

POSTER PRESENTATION

Open Access

Field evaluation (FE) of the World Health Organization (WHO) interim guidelines (IG) on infection prevention and control (IPC) of epidemic and pandemic-prone acute respiratory diseases (ARD) in health care

J Conly*, R Thakur, S Eremin, C Pessoa Silva

From International Conference on Prevention & Infection Control (ICPIC 2011)
Geneva, Switzerland. 29 June – 2 July 2011

Introduction / objectives

A FE was designed with the objective of assessing the feasibility and applicability of the IG and the use of implementation tools in healthcare facilities (HCFs) over an initial period of 6-9 months and to apply lessons learnt to improve further versions of the IG.

Methods

Definitions for feasibility and applicability were based on the AGREE instrument. The FE design was a parallel, two-arm before-after descriptive study in 2 convenience samples, Principal sites, invited by the 6 WHO Regional Offices and voluntary Complementary sites of selected HCFs, conducted over 4 phases. A suite of tools to assist implementation, assessment, training, education and feedback were provided. Returned feedback forms were entered into Excel (Microsoft Corporation 2003) and descriptive epidemiologic analyses were conducted.

Results

A total of 13 sites from 7 countries (4 WHO Regions) participated. The results suggested that the sites were well prepared with respect to having IPC protocols for ARDs (100%) and 92.3% sites had policies or IPC guidelines for HCF epidemic /pandemic planning available at the local and/or national level. For the surveyed HCFs, the follow-up FE revealed an overall increase ($p = 0.01$) to 86.8% vs the pre-survey results of 71.9%, with 10/ 15

recommendations implemented 2° to the IG ($p = \text{NS}$). For the surveyed ICPs, the follow-up FE revealed an overall increase ($p < 0.0001$) to 85.9% of 72.2%, with 12/ 32 implemented 2° to the IG ($p = \text{NS}$).

Conclusion

Although the implemented changes were not significantly attributed to be as a direct result of the IG, there was an overall significant uptake of the IG recommendations and it remains possible that the changes noted were indirectly influenced by IG.

Disclosure of interest

None declared.

Published: 29 June 2011

doi:10.1186/1753-6561-5-S6-P280

Cite this article as: Conly et al.: Field evaluation (FE) of the World Health Organization (WHO) interim guidelines (IG) on infection prevention and control (IPC) of epidemic and pandemic-prone acute respiratory diseases (ARD) in health care. *BMC Proceedings* 2011 **5**(Suppl 6):P280.

Global Alert and Response, Infection Prevention and Control in Health Care, WHO, Geneva, Switzerland